

2003
Annual Progress and Services Report
for the
Consolidated Child & Family Services Plan

Section 5

Management Plan

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Introduction

Public Child Welfare has always been a challenging field. However, the past few years have brought about an increase in stressors which impact the ability of child welfare staff to accomplish the tasks of providing services to children and families. Two areas which have had a direct impact on public child welfare are the increase in violence and the escalation of the incidence of substance abuse. Add to this the problem of inadequate and diminishing resources and the Agency is faced with not only the difficulty of being able to meet the service needs of the clients but also the issues around staff recruitment and retention. It is incumbent upon management to address both the issues of service delivery to clients and the work environment. The ability of an agency to accomplish its mission rests a great deal on the staff who show up to do the job.

Management has been defined in the literature as working with and through individuals and groups to accomplish organizational goals. OCS has incorporated key management goals in its CFSP to provide the reader and staff utilizing the document an understanding of the support efforts being undertaken to assist in the accomplishment of the programmatic goals and objectives.

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5.1 Human Resources

A. Job Study

COA OCS Child Welfare Specialists face challenges working with children and their
G2.3.01(d) ies whose problems may at times seem insurmountable and with systems
may seem to work against what they are trying to accomplish at every turn. Working
through these barriers, Child Welfare Specialists truly make a difference. However, they are
inadequately compensated for the enormous roles that they play in our children's lives.

On September 29, 2001, the Human Resources Division of OCS submitted a comprehensive job study package to the Department of Civil Service for evaluation. The nature of this study involved a change to the minimum qualification requirements, a new job, several revised jobs, pay changes, and title changes. *The Civil Service Commission approved the proposed job study on August 7, 2002. Many of the jobs in this Child Welfare series were raised two pay levels, resulting in an increase of the minimum and maximum of these ranges by 14%. Additionally; each employee in the series (approximately 1300) received at least a 7% increase in pay. All these changes were effective March 3, 2003. This upgrade will assist us in achieving a* positive outcome in our efforts to retain our most valuable and experienced employees and to recruit newcomers.

B. Annual Staff Utilization Process

 On an annual basis, a review of the caseload/staff ratios, supervisory ratios
lateral ratios is conducted. This occurs after the beginning of the fiscal
(FY) and figures from the previous 12 months are averaged parish by parish. Once
the figures have been pulled together, meetings are held in each region to discuss the findings
and issues/concerns. Classifications of staff are also reviewed. The findings are used to make
budget requests for new staff positions in the upcoming FY. (Note: Our budget development
process begins in September each year to prepare the next FY's budget.) A formal report of the
staff utilization process is prepared for the Assistant Secretary and is presented to the State
Office Management Team and to the CQI Team.

C. Job Cuts/Reallocations

Upcoming Cuts for Fiscal Year 2003-2004

It is anticipated that OCS will lose an additional seventy-six positions due to
budget cuts. This will impact the field staff negatively as have previous
cuts. With the vacancy rate the Agency routinely experiences, it is not expected
that any layoffs will occur as a result of this cut.

Social Service Specialist III

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In 2002, OCS was successful in convincing Civil Service of the need to upgrade an additional 70 caseworkers to the advanced level. The 70 positions that were upgraded were distributed in such a way as to equalize the number of advanced positions in each region. (Some regions previously had a disproportionate number of these positions). These upgraded positions and the approval by Civil Service of some modifications of their job duties, allow more opportunities for advanced workers to serve as “assistant supervisor” and mentors for new workers. The Agency is keenly aware of the need to develop the leadership skills in staff that will follow the successful accomplishment of these additional duties, *as part of the agency’s overall succession planning efforts*.

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5.2 Public Child Welfare Agency Staff Support

A major component of any agency is the staff involved in its administration and direct service delivery. The OCS is dedicated to maintaining a committed staff that is well trained, motivated, and supported by the Agency.

A. Critical Incident Stress Management

**COA
G2.5.04** The OCS has developed a comprehensive three level Critical Incident Stress Management (CISM) initiative in its attempt to effectively address the needs of staff experiencing critical incidents. The first level is the Peer Support and Care Team (formerly known as Response and Recovery) whose role is to provide ongoing support to staff prior to an incident and activate staff immediately following a critical incident. The second level is the ongoing delivery of statewide training *and education* on vicarious trauma stress. The third level is a statewide team to provide *various interventions, including* defusing and debriefing services, after staff has experienced a critical incident.

In January 2000, the OCS Statewide CISM Debriefing team was developed to assuage the impact of job related critical incidents and to assist staff in recovering as soon as possible from the associated stress. A plan has been designed to assure that members of this team are available to respond to staff statewide. Persons selected to serve on this team are those who are most skilled at addressing emotional reactions and whose job responsibilities allow them to respond within 24-72 hours of a critical incident. The process is used within an individual office location or region. This team not only provides services to staff within OCS, but is available to provide and has provided services to staff in other Department of Social Services agencies. *From January 2002 through December 2002, the team has provided 9 debriefings and 9 one-to-one sessions.*

Each of the ten regions, as well as state office, has a Peer Support and Care Team which is part of the overall CISM initiative. These teams are designed to provide peer support for staff by accessing resources for prevention and reduction of chronic stress and to mobilize regional response following critical incidents. Each region has an allocated budget of **\$4,000** to purchase services. Service array utilized is varied and has included: motivational speakers, staff recognition events, team-building activities, grief and bereavement groups, individual intervention, and refreshments for the these various events. The protocol and process for implementation of the regional Peer Support and Care Team continues to be refined in the efforts of supporting staff in managing the effects of chronic stress.

During the next year, 9 additional staff will be added to the OCS CISM team. The OCS CISM team will continue to respond to staff statewide who experience critical incidents and request

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services. OCS CISM team members will continue to receive training to enable them to better provide services. The Peer Support and Care Team will evaluate its goals and objectives and establish a protocol through which the needs of staff may be met at the regional and local levels on an ongoing basis. ***Protocols are established at the regional level for implementation of team activities.***

COA
G2.10

Worker Safety

COA
G5.7

Safe working conditions continue to be of utmost importance to OCS. The Agency is committed to providing a work environment that is conducive to retention of high quality staff in sufficient numbers to carry out the Agency on. The Agency is constantly developing ways to ensure worker safety. Initiatives have been implemented over the past year include:

- S Quarterly safety meetings for all staff
- S ***Quarterly Safety Self Audits (State Office, Regional & Parish)***
- S Safety training
- S ***Annual Safety Self Audits (Regional, Parish & State Office)***
- S Quarterly safety inspections ***of all facilities***
- S Intranet access to the updated OCS Safety and Loss Prevention Manual
- S Development of a Terrorist Incident Contingency Plan
- S Driver safety course (required for all staff every three years)
- S Mobile phone/beeper access to field staff to be used in community on official state business
- S Availability of reliable state owned vehicles which are maintained and serviced regularly
- S Posting of government safety statements, rules & information in each office
- S Availability of hazard control logs/first aid kits in each office
- S Staff trained in CPR & First Aid at each facility
- S Routine (annual minimum) fire drills at each facility

The Agency passed the Safety Audit for fiscal year (FY) 2001. This audit is conducted by the Office of Risk Management, Division of Administration. ***OCS also passed the State Auditor's Audit FY 2002.***

In the coming months, worker safety is being addressed through a number of COA standards. Our agency will be implementing ways to comply with these standards over the next year.

C. Worker and Supervisor Workload Reduction

The challenge of working in the public child welfare arena is often described as overburdened by extensive paperwork, unmanageable caseloads, and a lack of sufficient

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time for staff to complete required tasks. To this end, the Agency continues its work aimed at reducing the amount of paperwork that is often duplicative in nature and over burdensome to staff and the overall child welfare system.

1. Use of Technology

The day-to-day climate in a public child welfare agency has changed dramatically over the last decade. Staff are increasingly reliant on the use of Personal Computers (PC's) in their work.

! The Agency is dedicated to providing additional PC's to allow for enhanced technical management of the workload at all levels. The Agency continues to upgrade the units available to staff to take advantage of progress made in this technical area and to strive to maintain a 1:1 ratio of state of the art PC's to staff.

! The need to have worker friendly software that supports rather than impedes the efforts of staff is an important adjunct to the Agency's move toward providing tools to assist staff in better workload management. We continue to explore the software packages that have been developed to reduce redundancy of information that the workers are having to record, software that guides and assists in narrative entries in cases, and packages for maintenance of current educational/health data for foster children in a caseload.

! The Agency has fully implemented a computer based online policy manual system whereby workers, supervisors, and administrative staff have the capability to research current policy and applicable forms. ***In addition, staff are able to access regional administrator memos (RAMs) and training memos.*** The project incorporates the Agency's programmatic policy, decision making handbooks, financial assessment manual, and program/policy memorandum.

! Computer Based Instruction and Distance Learning are other technological innovations that are being ***implemented*** as possible ways to provide frontline staff with clinical and practice based information that can be read and tested in the Personal Computer environment. The Agency is looking to these tools to provide staff with the core knowledge base that is important in this area of practice as well as reducing the time away from the job by reducing travel time to distant training sites.

! ***Following the acceptance of the Detailed System Design of LAKIDS by OCS in January, 2002, the Department of Social Services (DSS) determined that it was in the best interest of DSS and its customers to look at implementing a single integrated information system for all offices within its preview rather than to build another stand alone system.***

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This realization led DSS officials to believe this could be achieved by A Comprehensive Enterprise Social Service System (ACESS). The ACESS vision is a seamless process that coordinates access, assessment, and case management practices.

This aggressive goal of a single, state-of-the-art, automated information system, will grow over time to support all of the programs administered by DSS. DSS will manage this process through a phased implementation starting with Child Welfare, TANF, and Childcare. ACESS will have to be a web-enabled, client-centered information system that will improve service delivery and case management throughout DSS by increasing electronic information sharing and improving reporting.

The Enterprise Framework would be implemented using an incremental development and implementation approach to system functions starting with Child Welfare, TANF, and Childcare. An incremental approach means enhancement would be implemented at the earliest possible time and in small and manageable portions. The Department would reap benefits in its data and service delivery needs sooner rather than later. An additional benefit is that the project would be able to be adjusted to changing requirements and the changing environment of the Department. Each new increment would be planned and developed with the latest information available.

Use of an Enterprise Framework approach would result in shorter development times, reduced costs, and programmatic efficiencies. Perhaps more importantly, it would enable DSS staff to focus more time on providing services to its clients.

Additional benefits include:

\$	<i>Leveraged technical environment</i>
\$	<i>Shared data</i>
\$	<i>Shared processes</i>
\$	<i>Browser enabled</i>
\$	<i>Faster turnaround</i>
\$	<i>Improve staff efficiency</i>
\$	<i>Increase staff job satisfaction</i>
\$	<i>Improved data and reporting</i>
\$	<i>Enhanced case management functions</i>

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\$
\$

*Enhance provider management functions
Streamline the quality assurance functions*

The DSS ACESS System will be deployed in a uniform manner not only across all field offices, regional offices, program central offices and the DSS headquarters located in Baton Rouge but deployed such that components of the DSS ACESS System will be accessed remotely by staff and via the Web by the citizens, clients, providers, courts, and other interested stakeholders. The highlighting aspect of this enterprise project approach is the ability to provide stakeholders with multiple views into any single system, while concurrently providing a single common view to multiple systems. Our vision is to provide a secure, stable enterprise that promotes interactive communication and collaborative sharing of information among all appropriate public and private agencies, and affected citizens.

ACESS will offer consistency which assists workers and supervisors in tracking individual children and families from the point of initial contact to the point of case closure. These features, although different in service delivery options, are similar in nature over the life of the case. This includes a service plan driven system, views that show relationships among cases, clients and families and search and retrieval functions that meet the needs of workers and supervisors. The replacement, standardization, and reduction of forms is also included. In addition, ACESS will assist in the automation of the OCS family risk assessment, case plan and safety plan. Also included are automation of case file folders, and automation the following processes: Licensing, Title IV-E Foster Care maintenance determination/redetermination, and fiscal and accounting functions including eligibility for services and fiscal reporting.

The current APDU provides for funding for activities for the ACESS project through September 30, 2003, with the exception of the software and hardware. We are currently preparing further information for submittal to ACF for funding of OCS' share of the ACESS project.

*It is anticipated that an ITB to procure a commercial off-the-shelf
framework
and
installation
and RFP's for
development
and
implementation
of*

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customization of framework and for quality assurance will be issued July, 2003. Work is expected to begin in November, 2003 and continue for a period of three years.

2. Closed Circuit Video Training

Statewide training using closed circuit video technology reduces the down time for staff while maintaining and improving their level of worker competence. The Agency is currently using video conferencing for meetings and delivery of information statewide. *Over the last year the agency has used video-conferences on an ongoing basis in the development and implementation of accreditation activities such as peer case review (PCR) and Continuous Quality Improvement (CQI). One of the most recent initiatives involving this medium for training is "Keeping in Touch" (KIT) video-conferences. The "KIT" video-conferences are facilitated by state office staff and are open to participation by staff statewide. The conferences are specific to programmatic areas and policies, procedures and practices are discussed.*

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5.3 Enhancing Communication Systems

Improvement of the Agency's communication was identified as a critical need in various management meetings and retreats. The continuation of efforts to improve this deficit in terms of the Agency's overall management plan requires that it be addressed internally and externally.

A. Internal Communications

1. The Department, in its Strategic Plan, desires to maximize the use of technology to improve timely information sharing, aimed at improved communication throughout the Department. To accomplish this, the Department and OCS continue to jointly work toward revising, developing, and implementing an information and communication system. This system linkage is important at all levels for improved service and system coordination. An example of this initiative is the statewide e-mail system that utilizes the processes currently being developed within the Department.
2. The OCS continues its efforts in improving its policy and procedural directives that are more accessible to the front line worker and supervisor. ***One way in which this is accomplished is through the policy circulation process. Draft policy is regularly circulated to state office and field staff for input. This assures clarity and assists staff in gathering information on operational issues.*** The process of converting volumes of paper policy to an online real time environment is complete. Online policy access capability is available to all staff.

B. External Communication

1. Collaboration Efforts

Collaboration efforts are a necessary and vital part of providing a community-based continuum of care to the children and families of Louisiana. Respective of this, the Agency continues to participate in collaboration efforts such as the Louisiana Children's Cabinet, the Louisiana Court Improvement Project, the Children's Trust Fund and the Interagency Service Coordination Committee as well as the Louisiana Adoption Advisory Board and the Louisiana Foster and Adoptive Parent Association Board. These efforts along with initiatives with local private and non-profit organizations and public officials focus on the improvement of the child and family service delivery system through the identification of the internal and external barriers that inhibit service delivery. Strategies to overcome these barriers are also a focus of the collaboration. The agencies involved in the collaboration use the indicators of child well being to determine future initiatives.

2. Consumer Input/***Measurement of Consumer Satisfaction***

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Involving clients in the service delivery system by obtaining feedback toward improving child welfare services is a vital step in the revitalization of the service system. Service recipients are the best qualified to help define the aspects of care that were most effective and least effective. The Agency has embarked on securing input from critical stakeholders by implementing a Customer Service Plan, *developing a* committee structure *and surveying clients, staff, community stakeholders and foster/adoptive parents*. In relation to *the customer service* plan, “customer” refers to the people and entities in the public who use and benefit from the services and programs administered by this Department. This definition includes individuals and agencies such as contractors and vendors with whom the Department conducts business in its day-to-day operations.

Executive Order MJF 97-39 initiated a state government-wide customer service improvement program that directs all state agencies to strive to deliver to Louisiana citizens effective, efficient, and responsive customer services that are of the highest quality. Additionally, the Agency is undergoing national accreditation and many of the standards stress the importance of consumer feedback. To fulfill these commitments, the Agency will:

a. Comply with customer service standards. To do this:

- \$ We will respond promptly to inquiries in a patient, pleasant, helpful and professional manner.
- \$ We will respond promptly to written inquiries and will produce correspondence that is written clearly.
- \$ We will give services that are timely, flexible, coordinated, and accessible to families and individuals, principally delivered in the home or community.
- \$ We will deliver services in a manner that is respectful of and builds on the strengths of the community and cultural groups.
- \$ We will deliver services that are focused on the family as a whole with the safety and well-being of the child being paramount.
- \$ We will work with families as partners in identifying and meeting individual and family needs by helping families solve the problems which compromise their functioning and well-being.

b. Provide information and measure compliance. The tools to be used are:

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\$ Information about the Agency and its programs is available through a variety of channels including brochures, state plans, and public service announcements.

\$ Quality Assurance Reviews are performed in most programs to ensure that our cases meet state and federal standards and that services are delivered.

\$ Our workers receive extensive training to enable them to work with all of our consumers to deliver services that are responsive to our consumers' needs.

\$ Discuss customer service in our meetings with the first-line supervisors.

\$ ***Measure consumer satisfaction through the use of customer satisfaction inventories and surveys.***

- a. What is our internal structure for customer complaints? Our structure is as follows:

\$ Customer dissatisfaction is handled progressively until resolved, starting with the individual's worker, to the supervisor, and then to the Regional level, if necessary.

\$ The Field and Community Liaison Services Section responds to calls and letters from individuals all over this state and the nation.

- d. What are we doing? We will continue to:

\$ ***Survey a sample of our clients, staff, community stakeholders and foster/adoptive parents to determine their level of satisfaction with our services.***

\$ ***Roll-up consumer satisfaction data through the statewide Continuous Quality Improvement process.***

\$ Collect and distribute customer service data.

\$ Develop materials ***and provide feedback*** to consumers that explain our customer satisfaction standards ***and our efforts to improve service delivery.***

3. Public Awareness Campaign To Improve Public Image

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The focus of this campaign is envisioned to provide the Agency with the capability to fund, develop, and implement a media initiative through visual, radio, print media, community organizations and religious organizations, etc. The target will be both the general population and specific groups such as medical professional, law enforcement, judiciary, educational community, and advocacy groups.

The goals of the public relations and awareness campaign are to reduce the risk of harm to children; to educate the public of the function of the Agency and its statutory, financial and capacity limits; to increase awareness of the needs of the Agency to fulfill its mission; to develop the capacity of the Agency to become proactive in terms of community education following a high visibility case situation; and to improve public perception of the Agency.

The Agency seeks to continue the implementation of our awareness campaign using an appropriate symbol (blue ribbons/child protection; white ribbon/missing and exploited children), and a spokesperson in a planned and visible fashion. Supplemental media awareness plans are fashioned in the regional and parish offices as well.

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5.4 Planning For Impact Of Welfare Reform On State Child Welfare System Capacity

Legal Reference
45CFR 1357.15
(c)(3)

In establishing the Temporary Assistance for Needy Families Block Grant (TANF), the new welfare legislation removes the federal government's obligation to share the costs of increased public assistance caseloads with the state and limits funds to the state in several ways. One of the most critical aspects is the cap on the amount available from the federal government regardless of the need, of the date or potential cost increases because of inflation, high illiteracy rates, high unemployment, etc. Our concern in the Child and Family Service arena is the potential for the influx of children entering the foster care system once the family's time frame for eligibility (in Louisiana two years) expires.

Many of our families seeking to become self sufficient during this time frame will be facing the prospect of losing health care coverage, child care subsidies, and other critical supports and can, at best, look to entering the ranks of the working poor. At worst, some families will be unable to provide adequate food, clothing, and shelter for their children, as the loss of critical subsidies and services, coupled with time limits on receipt of cash assistance, leaves families in significantly worse shape economically. It is the philosophy of this agency that child and family services are a community effort.

As a practical and proactive response, the OCS must review its service delivery system and shore-up the service continuum to provide services to additional clients if the need arises. In this tactical multi-front approach, the Agency revisited the components of services in the Promoting Safe and Stable Families area. The Agency recognized the need to provide respite for our foster and adoptive families who are struggling with the day to day demands of special needs children. In this vein, the Agency has provided resource centers in each region for foster and adoptive parents to address their needs in this area. It is our intent in this service delivery component, that we will be able to maintain our current foster and adoptive homes and then can focus our recruitment efforts on locating and developing the additional resources that are needed for the out-of-home level of services.

The families that come to the attention of the OCS are in crisis when they are initially contacted by agency staff. The service delivery in the Child Protection area looks at the needs of the family members during the initial contacts and completes a comprehensive and accurate risk assessment. This approach is driven by the philosophy that timely identification of service needs combined with referral to community resources will reduce the future risk of harm for the child(ren) and enhance family well being. The Agency is committed to keeping at the forefront of its interactions with family the safety of the child, the child's overall well-being and the promotion of the healthy development of the child.

In the foster care arena, the Agency becomes the custodian of the children who have been abused or neglected. The state's management data indicates that **98.64%** of our children in care come from economically deprived households. It is critical in our working toward permanence that the Agency embrace the "welfare to work" philosophy in developing its plans for the return of children. We work with the Office of Family Support at the local levels to coordinate service

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access when appropriate. This includes, encouraging the parents to seek employment, facilitate application for Kinship Care funds for children placed with relatives, secure training, and help coordinate child care services as needed. OCS has obtained a waiver of TANF time limits for relatives who assume care of foster children.

The OCS shall serve as a possible employer of former recipients of the public assistance (Family Independence Temporary Assistance Payment) program. It is the intent of the Agency, when a vacancy occurs, to consider former recipients for employment. The potential employee will be required to have met the Civil Service criteria and willing to work in an area where a vacancy exists. In addition, the OCS will participate with the Office of Family Support in developing a plan for the use of nonpaid or partially paid volunteers in providing services and in assisting any advisory committees.

The Agency is directly impacted by the changes made to the Supplemental Security Income (SSI) disability provisions for children under Title XVI of the Social Security Act. The OCS, as the custodial agency for the children adjudicated as "Children In Need of Care", applies for the benefits afforded to disabled children who meet the financial and medical criteria established by the Social Security Administration. The changes in the disability criteria will require a reassessment of the children receiving these benefits that are otherwise used by the Agency to offset their cost of care. In addition, the potential loss of this benefit for the children may impact their eligibility for an adoption subsidy or transfer of custody to another caretaker who would be otherwise unable to meet the special needs of the child.

During state fiscal year 2001-2002 surplus Temporary Assistance for Needy Families (TANF) funds were allotted to the OCS for the development of a Youth In Transition Program. The program's design exceeds the services currently available to the youth in state custody who also are benefitting from the IV-E Independent Living Program. Using TANF funds, we were able to assist youth seeking additional education, temporary assistance for rent and household supplies, transportation cards, mentoring, vocational assessments, and other types of services. ***The ability to use these funds was discontinued for State fiscal year 2003-04.***

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5.5

Managed Care In Child Welfare

The Agency has progressed in regards to managed care in child welfare services. The Clinical Evaluation Program (CEP) was initially implemented in Jefferson Region in January 1998. *The program is now active in five regions and recently expanded to a sixth region in April 2003.*

A. Financial Assessment

As indicated in the previous plan, the State contracted for and received an evaluation of the current financial commitment utilized by the State in support of the Child Welfare service delivery system. The evaluation continues to serve as a baseline of where the system is without such innovation. It provides a predictor into this plan period of the projected future financial demands that will be imposed on the state if the system is left unchanged.

B. LSU Medical School/Treatment Services Review and Recommendations

Concurrent with the financial assessment, the Agency along with the LSU Medical School, Department of Psychiatry, has embarked on a CEP. This program has been implemented in Jefferson, Orleans, Covington, Thibodaux, *Baton Rouge and Lake Charles* regions. *CEP is scheduled for implementation in the Lafayette region in August, 2003.* This program has demonstrated improved provider accountability in the area of treatment planning, reporting, and billing. The CEP is to manage the cost of these treatment services. This system includes *three* major goals:

- 1) To integrate mental health care into the clients overall case plan;
- 2) To improve the quality of care rendered by treatment providers;
- 3) To standardize the delivery of mental health treatment services for OCS clients throughout the state.

The program requires that treatment provided have clear goals formulated and stated in behavioral terms for all types of treatment by the therapist. The therapist will be responsible for demonstrating that treatment goals have been met by completing specialized treatment reports. The Agency is optimistic that an additional benefit to the enhanced management of treatment will be the blending of this management approach with concurrent case planning which seeks to reduce a child's tenure in foster care either through return home, guardianship, termination of parental rights, or adoption.

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5.6 Quality Assurance

Initially, the Department of Social Services/Office of Community Services (DSS/OCS) developed a traditional Quality Assurance model which has been responsive to the federal focus on compliance reviews for the child welfare service continuum for DSS/OCS programs. *Louisiana has now integrated quality improvement into all facets of the agency through a Continuous Quality Improvement System (CQI). Quality is measured through a variety of processes, such as:*

- ! contract monitoring;
- ! consumer surveys;
- ! program audits;
- ! financial audits;
- ! conflict mediation of general public complaints relating to agency response; and
- ! formalized quality assurance measures in the areas of child protection investigation, family services cases, foster care and adoption services.

The DSS/OCS Quality Assurance system has evolved to include performance based analyses that evaluate outcomes in relation to key indicators. The outcomes approach was initiated through our Statewide Outcomes Task Force which resulted in the development of 12 potential outcomes/measurement methodologies for use by DSS/OCS. These outcomes were integrated into reports with federal and state required performance outcomes and indicators. The State also measures performance through Budget Performance Indicators required by the Louisiana Legislature.

Louisiana's CQI system consists of a number of procedures used by the agency to monitor compliance with federal and state standards which ensure children in foster care placements are provided quality services. The system includes ongoing licensing reviews, administrative and quality assurance reviews, peer case reviews and residential provider reviews. (Ad hoc program reviews are conducted if special issues arise). Reports from the Quality Assurance Tracking System (QATS) and the Tracking Information Payment System (TIPS) are also used as tools to monitor and improve service delivery.

The DSS/OCS Peer Case Review (PCR) system was designed to improve service delivery, to respond to COA accreditation requirements and also to reflect CFSR on-site review areas of inquiry. PCRs are completed quarterly, involving all regions annually. The process includes intensive review of a random sample of 25 cases per region. The reviews integrate QA data, data from focus groups with stakeholders, and interviews with clients, staff, providers and community stakeholders. Corrective action plans developed by the region to address identified deficiencies become part of the ongoing CQI process through regional and state office CQI teams. An evaluation of the process' strengths and weaknesses is done quarterly.

Ongoing monitoring of overall agency and provider service provision is provided through the QA case review process, QA/worker/supervisor exit conferencing, required visitation, administrative and judicial review, multi-disciplinary team review, permanency hearings and

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on-going case staffings. The DSS/OCS QATS provides tracking for 6-month administrative reviews for all children in care. The QA case review system measures monthly case samples ranging from approximately 7-10% of child protection investigation cases to 25-100% of foster care cases depending on the issue being measured. Reviews are accomplished through independent peer case reviewers. QA staff conduct exit conferences with workers/supervisors to discuss and clarify findings. These reviews impact policy through information feedback. QA instruments are updated regularly through field and administrative feedback.

DSS/OCS and each of its regional offices are licensed child-placing agencies in accordance with licensing regulations that provide the minimum standards for foster care and are monitored by the DSS Bureau of Licensing, which also licenses private child placing agencies. DSS/OCS Program policy provides greater operational detail for implementation of standards.

The annual re-certification process for foster/adoptive parents is one procedure used to formally assess the continued safety of the physical environment of the home and family compliance with standards. The process also allows the agency to address specific training needs. The on-going foster care practice assesses safety of the physical and emotional environment on a case level basis.

Budget Performance Indicators, which closely track federal outcome indicators, inform the administrative and legislative bodies regarding the care and outcomes of foster children. DSS/OCS also measures performance through a rich array of reports generated through the TIPS system. In QATs over 200 policy compliance variables are measured with monthly, quarterly and annual roll-up reports. TIPS generates over 600 reports that provide financial, caseload, case event, standards and outcomes reporting. These reports are available to state office staff, regional staff and parish staff commensurate with their needs.

Consumer committees and CQI committees at state and regional levels provide feedback about agency responsiveness to the community and the service array. Surveys are conducted with staff and stakeholders on an ongoing basis to evaluate agency performance. CQI teams take issues raised from various CQI processes. At the regional and state level, these issues are raised and addressed through corrective action strategies.

Private providers adhere to State Child Residential Care Minimum Standards. Also, a comprehensive handbook contains standards for purchased residential and private foster care programs. This document is updated annually or as needed. It is a guide to good clinical practice and licensing standards. DSS/OCS manages the development of new residential and private foster care resources, legal agreements, quality assurance, and technical assistance for providers. Residential and child placing agencies participate in the development and ongoing modifications of the quality assurance standards that are measured for each provider using an outcomes instrument (for residential providers only) and a process instrument (for residential and child placing agency providers). Our annual QA review for residential and private foster care providers includes a complete process type review focusing on systemic and procedural compliance and a complete outcome evaluation for residential programs that examines the children's improvement while in the program. Data analyses of provider ratings indicate

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which programs are outliers to the baseline achieved by most programs and, therefore, which programs can be approached with quantifiable evidence of their need to improve or identify program components demonstrating excellence. Compliance is maintained through a continuum of responses designed to elicit excellent performance ranging from on-going technical assistance and quality assurance for all programs to termination of an agreement with a specific program. The entire residential evaluation system is now undergoing a major revision of instruments for residential and child placing providers which will include systemic and outcome standards.

Changes are made in policy and practice due to QA feedback. PCR stakeholder focus groups and individual interviews indicate satisfaction with DSS/OCS assessment of family needs and provision of services to meet those needs based on available resources. Participants in a Citizen's Review Panel Focus group commended the agency for doing a good job in making permanent plans for children in foster care, especially noting the number of adoptions and placements with relatives.

Some promising practices for quality assurance include further development of the PCR and CQI processes benefitting from the cross-regional experiences of reviewers who are truly peers. The process has been successful in identifying strengths and areas needing improvement and identifying trends. Corrective action plans are anticipated to improve service provision and exit conferences and reports will provide to staff opportunities to be aware of their strengths and areas of need.

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5.7 Child and Family Services Review (CFSR) Activities

The Agency is scheduled for federal review in September 2003. The Resource Development/Quality Assurance (RD/QA) section in OCS is responsible for coordinating and leading this process. This section of the APSR reports on preparation activities that have taken place since the last reporting period.

A plan was ***implemented which*** combined preparation for the CFSR and Council on Accreditation (COA) initiatives as much as possible. These processes possess several similarities and the Agency made the decision to dovetail the efforts wherever possible. ***The use of a Peer Case Review instrument that is based on the CFSR review instrument is one example of such coordination.***

The main focus of the CFSR preparation for this review period has been the analysis of federally provided data profiles extracted by DHHS from AFCARS and NCANDS, as well as other OCS and OYD data, and solicitation of input from staff, consumers, and other stakeholders for the purpose of completing the comprehensive CFSR Statewide Assessment. The CFSR Statewide Assessment process has been an informative process that closely parallels the Consolidated Child and Family Services Plan process. Louisiana gathered information through surveys, focus groups, interviews, and joint planning forums. Opportunities for input were maximized by having OCS staff travel to naturally occurring meetings to obtain input without increasing the costs for consumers and other stakeholders to travel and attend meetings. Through this approach the agency was able to obtain a broad spectrum of participation and perspectives. The agency conducted eight surveys with staff, consumers, and stakeholders. Four of the surveys with 1,309 respondents were specifically based on systemic factors in the Statewide Assessment with Built In Instructions. The agency also conducted four different customer satisfaction surveys with approximately 1,700 respondents. In addition to the surveys, the agency completed over forty-five different focus groups on systemic factors and outcomes. The agency also conducted a series of individual interviews with parents. Naturally occurring reports and evaluations were an additional source of data for the statewide assessment. The July 2002 - June 2003 Peer Case Review process is modeled after the CFSR on-site review. Thus, in addition to the CFSR mock reviews in two regions which were conducted in the previous reporting period, Peer Case Reviews have been completed in all regions statewide.

The Statewide Assessment Task Force which participated in the analyses of data and the compilation of the Statewide Assessment was comprised of 112 individuals representing 44 different entities, including family and juvenile courts, district courts, Department of Public Safety & Corrections/Office of Youth Development, Department of Social Services/Office of Community Services, DSS Bureau of Licensing, Louisiana Supreme Court/Court Improvement Project, Tunica-Biloxi Tribe of LA, Department of Education, Department of Health and Hospitals, universities, foster/adoptive parents, private attorneys, mental health treatment providers, family services providers,

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private foster care and residential treatment providers, resource centers, and advocates. They were structured as a core team subcommittee and 12 additional subcommittees working on various parts of the assessment.

Beginning with the first planning conference call on December 11, 2002, OCS and OYD staff have participated in three formal CFSR conference calls with regional and central office ACF personnel. The next such call is scheduled for July 2003. Additionally, there have been numerous collaborative planning telephone calls and emails between regional staff in Dallas and/or Denver and OCS staff. On February 21, 2003 Region VI ACF provided training/orientation on the statewide assessment process for the core team subcommittee and other subcommittee members as available.

On February 21, 2003, the first draft of Section II of Statewide Assessment with Built In Instructions (systemic factors) was submitted for review to our federal partners in Dallas and Denver regional offices. In addition to broad circulation among agency staff and stakeholders, it was also posted on the DSS Internet web site with an invitation for general public review and comment. All responses to this first circulation were reviewed/incorporated and a revised full draft was mailed to Region VI ACF on May 2, 2003. Subsequent to the May 8, 2003 CFSR conference call, an electronic copy of the full draft was also transmitted to Region VI ACF. The Statewide Assessment Task Force is currently awaiting feedback from our federal partners which is scheduled to be received by June 6, 2003. Additional data analysis is being completed to support the selection of the sites for the CFSR on-site reviews. Staff, with input from external partners, are compiling a list of candidates to serve as state reviewers, team co-leaders, local coordinators, resource personnel, etc. Preliminary discussions with prospective sites are underway, pending final negotiation of site selection. The target date identified by the Region VI ACF office for final site selection is June 12, 2003.

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5.8 Council on Accreditation (COA) Update

Over the past year, OCS has continued efforts to obtain accreditation through the Council on Accreditation for Children and Family Services (COA). OCS has completed three of four phases of the accreditation: process application, self-study, site visits, and accreditation decision. This section provides an overview of COA activities undertaken during this reporting period.

1) Self-Study

The agency submitted a self study document to COA in November 2002. This document is an in-depth look at the OCS system which includes policies, procedures, and forms that govern practice. The self study provides documentation of agency compliance with the COA standards. Up to three supporting documents were submitted in relation to each applicable standard. The self study was reviewed by each COA peer reviewer that served as part of a review team for the agency's accreditation endeavor. The study offered the reviewers an introduction to agency policies and procedures and the site visits served to validate adherence to procedures. It provides a comprehensive snapshot of agency compliance with each of the 800-plus COA standards.

2) Site Visits

In May, 2003 the agency completed the site visit phase of the accreditation process. COA peer reviewers visited state office and each of the ten regions to determine if our agency met the requirements for accreditation. The site visits began in January 2003. COA peer review teams spent approximately four days in state office and in each region. During the site visits, the reviewers reviewed program service and personnel records, interviewed staff and stakeholders, and toured facilities. Following each visit, a preliminary accreditation report (PAR) was submitted presenting the ratings from each site review. The agency is given an opportunity to respond to the PAR with supporting evidence to challenge any ratings. The agency is in the process of responding to the PARs as the reports for each region are received. The agency's reports are submitted to an independent commission for the final accreditation decision. We anticipate a decision by December 2003, if not before that date.

3) Peer Case Review

An ongoing activity of COA and the CQI process is Peer Case Review (PCR). COA Standard G2.6 requires an organization to conduct quarterly case reviews of open and closed cases. OCS utilizes Child and Family Services Review based instrument as a means of measurement in its PCR process. Regions are teamed together for the review process so that workers from one region review

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the work of staff in another region. In Covington Region, Dale Erdy, a state representative also served as a peer reviewer.

PCR consists of three tiers: QA reviews, record reviews, and interviews with staff and stakeholders. A stakeholder focus group is also held in conjunction with PCR. A report of findings is developed for each region and a corrective action plan is developed by each region to generate improvement. (See Section 6.13 for PCR findings).

4) Committee Structure

A COA committee structure exists in state office and each of the 10 regional offices. The committees focus on issues of service delivery, service environment, human resources, fiscal, consumer and community issues and continuous quality improvement. The committees represent all levels of staff and community stakeholders. Regionally, the more critical and active COA committees are: CQI, Consumers and Community, Service Delivery, and Service Environment. All regional committees by design are positioned to provide and receive information relevant to Continuous Quality Improvement processes.

5) Continuous Quality Improvement (CQI)

Continuous Quality Improvement (CQI) is a process of creating an environment in which management and workers strive to create constantly improving quality. CQI is a theory-based management system that looks at processes/outcomes. In order to have a fully operational CQI process, the agency must undergo a culture change. At the center of this culture change and long-term approach to quality improvement is a client-centered philosophy. CQI provides the agency with an additional set of tools to help measure outcomes.

This multifaceted approach to quality requires accountability and team work. The process is driven by good management...not crisis, and input from all levels of staff is critical for success. Some of the internal and external benefits of CQI include improved accountability, refined service delivery, improved staff morale and a means to determine and track program integrity and effectiveness. CQI also encourages creative/innovative solutions. In order to reap the benefits of a continuous quality improvement process, the following elements are required: stakeholder participation, long and short-term planning, record review, outcomes measurement, measurement of consumer satisfaction, feedback mechanisms, information management and corrective action.

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CQI teams have been developed in each of the regions and at the state office level. Persons and families served, employees, volunteers and consultants, members of advisory boards, consumer advocates and all levels of agency staff are involved in the CQI process either through team participation or other levels of input (i.e. focus groups, interviews, surveys). The teams review findings from peer case reviews, customer satisfaction surveys and a host of other sources.

Steps in the CQI Process

- Step 1 Identify a need/issue/problem and develop a problem statement*
- Step 2 Define the current situation - break down problem into component parts, identify major problem areas, develop a target improvement goal*
- Step 3 Analyze the problem - identify the "root causes" of the problem and use charts and diagrams as needed.*
- Step 4 Develop an action plan - outline ways to correct the root causes of the problem, specific actions to be taken, identify who, what, when and where*
- Step 5 Look at the results - confirm that the problem and its root causes have decreased, identify if the target has been met and display results in graphic format before and after the change*
- Step 6 Start over - go back to the first step and use the same process for the next problem*

The agency has a Continuous Quality Improvement Plan which is completed at the state office level. While the state office level is responsible for developing a CQI plan, input is sought from the regional level.

The agency has embraced the CQI process because we are committed to the ongoing improvement of quality of services delivered to children and families in Louisiana.